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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known

Application Number	10/617,390
Filing Date	July 11, 2003
First Named Inventor	KEVIN L WASSON
Examiner Name	
Art Unit	3682
Attorney Docket No.	050377-0301666

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x 250.00 =	0.00	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Fee 180.00

SUBMITTED BY

Signature	Benjamin L Kiersz	Registration No. (Attorney/Agent)	51875	Telephone	703.770.7714
Name (Print/Type)	Benjamin Kiersz			Date	January 10, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Docket Number: 050377-0301666

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of

KEVIN L WASSON, et al.

Application No.: 10/617,390



Group Art Unit: 3682

Examiner:

Filed: July 11, 2003

Confirmation No.: 2195

For: HYDROSTATIC BEARING FOR LINEAR MOTION GUIDANCE

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.56, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO-1449. The references listed on the PTO-1449 were cited by the Examiner in two related applications, Serial No. 11/483,644 and 11/483,629.

It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom. Applicants respectfully request the Examiner return an initialed copy of the enclosed Form PTO-1449 to Applicants with the next Office communication to indicate that the references have been considered, per MPEP § 609.

This Information Disclosure Statement is being filed more than three months after the U.S. filing date AND after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Rejection or Notice of Allowance.

Please charge Deposit Account 033975 in the amount of \$180.00 in payment of the fee under 37 CFR 1.17(p). Please credit or debit Deposit Account 033975 as needed to ensure consideration of the disclosed information.

Respectfully Submitted,
PILLSBURY WINTHROP SHAW PITTMAN LLP

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Atty. Dkt. No.	M#	Client Ref.
	50377-301666	
Applicant: WASSON et al.		
Appn. No.: 10/617,390		
Filing Date: July 11, 2003		
Examiner: Justin KRAUSE		Group Art Unit: 3682

Date: January 11, 2007

Page 1 of 1

U.S. PATENT DOCUMENTS

Examiner's Initials*	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
AR	3,781,070	12/1990	STOTZEL			
BR	3,508,430	04/1970	EDMONDSON			
CR						
DR						
ER						
FR						
GR						
HR						
IR						
JR						
KR						
LR						
MR						

FOREIGN PATENT DOCUMENTS

	Document Number	Date MM/YYYY	Country	Inventor Name	English Abstract		Translation Readily Available	
					Enclosed	No	Enclose	No
NR								
OR								
PR								
QR								

OTHER (Including in this order Author, Title, Periodical Name, Date, Pertinent Pages, etc.)

RR				
SR				
TR				
UR				

Examiner	Date Considered:
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*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.